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FAX TRANSMISSION**OFFICIAL****DATE:** January 5, 2004**PTO IDENTIFIER:** Application Number 09/903374-Conf. #8317
Patent Number**Inventor:** Steve Herweck, et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

David J. Rikkers

PHONE: (617) 227-7400**Attorney Dkt. #:** ATA-297RCE**PAGES (Including Cover Sheet):** 13**CONTENTS:**Amendment Transmittal (1 page, in duplicate); and
Amendment in Response to Non-Final Office Action (10 pages)


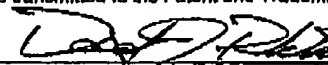
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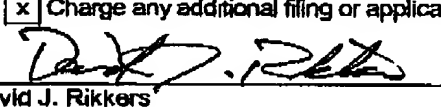

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AMENDMENT TRANSMITTAL LETTER			Dock # No. ATA-297RCE	
Application No. 09/903374-Conf. #8317		Filing Date July 11, 2001	Examiner F. Matthew	Art Unit 3764
Applicant(s): Steve H. Herweck, et al.				
Invention: PROSTHESIS AND METHOD OF MAKING A PROSTHESIS HAVING AN EXTERNAL SUPPORT STRUCTURE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	18	- 20 =		x
Independent Claims	2	- =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input type="checkbox"/> Large Entry <input checked="" type="checkbox"/> Small Entry				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 David J. Rikkers Attorney Reg. No.: 43,882 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109			Dated: <u>January 5, 2004</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below. Dated: <u>January 5, 2004</u> Signature:  (David J. Rikkers)				



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